



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
SANITATION INSPECTION REPORT
FAMILY CHILD CARE HOME

| | |
|---------------------------------|--|
| Arrival Time 8:20am | CODES X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed requirements with provider IN = In Compliance |
| Departure Time 8:55am | |
| Date 6/21/2023 | |

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| <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Reinspection <input type="checkbox"/> Lead <input type="checkbox"/> Special Circumstances | | Pg. 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME Donna, Klaus | | DVN 002477823 | COUNTY CODE 187 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS (Street, City, State, Zip Code) 5105 Highway D, Farmington, Mo 63640 | | INSPECTOR'S NAME (Print) Nicholas Joggerst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An inspection of the premises of your facility has been made on the above date. Any defects are marked below with an X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Temp at time of Inspection _____ °F.</td><td></td></tr><tr><td>11. Pets free of disease communicable to man.</td><td></td></tr><tr><td>12. Pets living quarters clean, and well maintained.</td><td></td></tr><tr><td>13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.</td><td></td></tr><tr><td>14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.</td><td></td></tr></table> | | 1. Premises clean and free of unsanitary conditions. | | 2. Premises free of environmental hazards observed | | 3. No evidence of insects, spiders, rodents or pest harborage. | | 4. Well ventilated, no evidence of mold, noxious or harmful odors. | | 5. Screens on windows and doors used for ventilation in good repair. | | 6. No indication of lead hazards. | | 7. No toxic or dangerous plants accessible to children. | | 8. 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| COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH HAZARD CROSS CONNECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE SYSTEMS ONLY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Constructed to prevent contamination. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meets MDOH-SCCR requirements/meets local requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Bacteriological sample results. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Chemical (Prior SCCR Approval Needed) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DNR Regulated System - Type: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table><tr><td>1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.</td><td></td></tr><tr><td>2. Care givers and children wash hands BEFORE: preparing, serving, and eating food; glove use. AFTER: toileting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary.</td><td></td></tr><tr><td>3. An empty sink available in kitchen to wash hands during food preparation.</td><td></td></tr><tr><td>4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering.</td><td></td></tr><tr><td>5. Personnel preparing food free of infection or illness.</td><td></td></tr></table> | | 1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods. | | 2. Care givers and children wash hands BEFORE: preparing, serving, and eating food; glove use. AFTER: toileting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary. | | 3. An empty sink available in kitchen to wash hands during food preparation. | | 4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering. | | 5. Personnel preparing food free of infection or illness. | | <table><tr><td>1. Adequate number of containers.</td><td></td></tr><tr><td>2. Clean, nonabsorbent, insect and rodent proof.</td><td></td></tr><tr><td>3. Outside refuse containers covered at all times.</td><td></td></tr><tr><td>4. Inside containers covered when full or accessible to children.</td><td></td></tr><tr><td>5. Soiled diapers stored in solid, nonabsorbent container with tight fitting lid located in the diapering area.</td><td></td></tr></table> | | 1. Adequate number of containers. | | 2. Clean, nonabsorbent, insect and rodent proof. | | 3. Outside refuse containers covered at all times. | | 4. Inside containers covered when full or accessible to children. | | 5. Soiled diapers stored in solid, nonabsorbent container with tight fitting lid located in the diapering area. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Sanitation Inspection Report

FACILITY NAME:

Donna, Klaus

DVN:

002477823

DATE

6/21/2023

NOTE:

Original water sample taken on June 5, 2023 tested coliform positive. Lab 10.1 and Lab10-D documents from Mo DHSS were sent to facility in order to properly shock well. First water sample of two collected today after 5-6 days of flushing the well and no chlorine was detected from the sampling point.

Second water sample to be taken June 29.

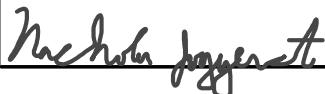
The above facility has been **inspected** and ☐ does ☒ does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services Section for Child Care Regulation.

The inspector has discussed the issues marked by an asterisk (*) and/or marked by an (X) on this form. I agree to comply with these requirements.

SIGNATURE OF INSPECTOR

TELEPHONE

DATE



431-1947

6/21/2023

SIGNATURE OF CHILD CARE PROVIDER

DATE

Desk

6/21/2023